



ASSIGNING EMPLOYERS ON OCCUPATIONAL DISEASE CLAIMS

- ☐ Single Employer
☐ Potential Multiple Employer

Date of Manifestation Date of Diagnosis Claim Number

Worker's Name

TO: Employer Services, MS: 4142

Today's Date

Phone

FROM: _____, Claim Manager

E-mail Address

Unit

☐ **I have not been able to obtain a work history and am unable to identify any employer.** Please issue a 6K rejection (unable to establish employer-employee relationship).

☐ **I have not been able to obtain a work history and am able to identify only the last employer.** Please establish employer-employee relationship assigning 100 percent of liability to the employer indicated by the worker.

☐ **I plan to allow this claim as an occupational disease claim.** I have attached a work history and indicated the chargeable employers. Please determine liability.

Allowed conditions: _____ Comments: _____

☐ I received a protest regarding **which employers are chargeable** for this claim.
The original work history information is:

☐ Correct ☐ Incorrect (See attached corrected work history form)

Please verify which employers are chargeable for this claim, and document RLOG.

Comments: _____

☐ I received a protest regarding the **percentage of liability** for each chargeable employer.
The original work history information is:

☐ Correct ☐ Incorrect (See attached corrected work history form)

Please verify the percentage of liability for each chargeable employer.

Comments: _____

